

MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program

WCCF-21-469
SECOND STEP RESPONSE FORM

You must respond to the inmate within 45 days of receipt of the appeal of the First Step Response.

Inmate's Name & #: **Jason Holloway #M0998**
Location: **Wilkinson County Correctional Facility**


From: **S. Middlebrooks**
Title: **Warden**

In response to your ARP claim. In reference to you requesting to see the IMAM and be given the right to practice your religion/receive the special trays that are given when Ramadan is complete. The information gathered reveals according to Chaplin Anthony he does not have a change of religion form on file for you, so you need to update your change of religion form showing your religion as Muslim and submit it to Chaplin Department. I consider this matter resolved at this level.


Signature

7/14/21
Date

The above named inmate has fulfilled the requirements of the Administrative Remedy Program at WCCF under extraordinary circumstances and is eligible to seek judicial review in state or federal court within 30 days of receipt of the Second Step Response. Financial responsibility for such filing rests with the inmate.


Inmate's Signature

M0998
DOC #

7-14-21
Date

MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program

NUMBER WCCF - 21 - 225

FIRST STEP RESPONSE FORM

Type or use ball point pen. You must return your response to the Administrative Remedy Program Director within 30 days of the date the request was initiated

To: Jason Holloway #M0998
 Inmate's Name and DOC#

WCCF
Food Service Housing Unit
Director - WCCF
 Title/Location

From: Ms. Dunmore
 Person to whom 1st Step is Directed

If you are not satisfied with this response, you may go to Step Two by checking below and forwarding to the ARP Administrative Remedy Program Director within 5 days of your receipt of this decision.

Jason Holloway #M0998 special tray goes out each meal. The diet order on hand do not come with a snack bag. No corn product is placed on your tray as I have been observing. I have attached the copy on file from Medical Staff signed & dated. I find this issue solved.

[Signature]
 Signature

4.1.2021
 Date

☒ I am not satisfied with this response and wish to proceed to Step Two.

REASON:

There is still corn products being put on my tray especially
last meal. The snack bag is ordered separate its a High Protein
snack bag

☐ I wish to cancel this complaint. You do not have to return this and time limits will cancel complaint.

[Signature] M0998
 Inmate's Signature DOC#

4-8-21
 Date

Inmate's - Copy

MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program

WCCF-21-225
SECOND STEP RESPONSE FORM

You must respond to the inmate within 45 days of receipt of the appeal of the First Step Response.

Inmate's Name & #: **Jason Holloway #M0998**
Location: **Wilkinson County Correctional Facility**


From: **S. Middlebrooks**
Title: **Warden**

In response to your ARP claim. In reference to you requesting to be served the correct diet that was ordered with no corn products and to receive a snack bag. According to Food Service Dunmore you are receiving the correct diet tray and your Medical Diet Order Form was revised on 3/1/2021 in which you received a copy with your first step response with no snack bag ordered. I find this matter resolved at this level.


Signature

5/1/21
Date

The above named inmate has fulfilled the requirements of the Administrative Remedy Program at WCCF under extraordinary circumstances and is eligible to seek judicial review in state or federal court within 30 days of receipt of the Second Step Response. Financial responsibility for such filing rests with the inmate.


Inmate's Signature

M0998
DOC #

5-5-21
Date